NC DIVISION MH/DD/SAS 2008 COMMUNITY SUPPORT PC PLANNING REVIEW

					REVIEW DATE:		
PROVIDER #: NAME:							
CONTROL #: MEDICAID #:							
RECORD #:							
RATING CODES: O = Not Met/No 1 = Met/Yes 9 = NA							RATING
1. Did the individual/legally responsible person participate in the development of the PC						CP?	
2.	. Are the long range outcomes and the short range goals person-centered / derived					a.	
		 from the Important TO and Important FOR information in the PCP? a. Are the long-range outcomes desired by the individual and not goals belonging to others (per the info in the dialogues/interviews)? b. Are the long-range outcomes measurable? c. Do the long-range outcomes project at least one year into the future? d. Do the short-range goals reflect the Important TO & Important FOR info? 					
	b.						
	C.						
	d.						
	 e. Are the short-range goals measurable? f. Do the short-range goals relate to the achievement of each long-range outcome? 					e.	
						f.	
						<u> </u>	
3.	a. Do the symptoms indicate the cause of a decrease in the individual's ability to fully participate in daily life or achieve a maximum quality of life, and/or describe characteristics, qualities and actions attributed to this person (not a restatement of the					a.	
						b.	
	h	diagnosis)? b. Are the symptoms/observations identified above the short range goal(s) in the Action					
	Plan?						
4.	4. Is the Crisis Plan complete per the PCP Instruction Manual?					a.	
	a.	Does it comprise information on what may trigger a crisis (i.e., known behavior and types of situations), as well as information from the dialogs/interviews (Box 1)?					
					b.		
	D.	(Box 2)?	e person in avoiding a crisis	C.			
	 c. Does it detail the strategies that will be used to help the person/family stabilize during a crisis (Box 3)? d. Does it include specific information on how to relate or respond to this person/family 					d.	
						e.	
		at a crisis service (Box 4)?					
	e.		Are strategies identified to determine, after a crisis, what worked and what didn't				
	what changes need to be made in the plan (Box 5)?					g. h.	
	f.	g. Is the Contact List complete as applicable for this person?					
	i.						
	ï.					j.	
	k.		Plan Distribution List o			k.	
COMMENTS:							
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REVIEWER: LME:							